

**Latin American Health Institute
Promesa Program
Boston, Massachusetts
TI14538**

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B&D ID

31602

PROJECT DESCRIPTION

Expansion or Enhancement Grant—Expansion and enhancement

Program Area Affiliation—Reducing Disparities (Hispanic)

Congressional District and Congressperson—Massachusetts 9; Stephen F. Lynch

Public Health Region—I

Purpose, Goals, and Objectives—The core purpose of the project is to reduce the prevalence of substance abuse and HIV-related transmission in the Latino community by expanding and enhancing the existing capabilities of LHI's substance abuse services to provide effective interventions and support services to adolescent and adult injecting drug users and their families with specific needs attributed to HIV/AIDS, STDs, TB, or hepatitis B or C. (page 6)

The general goals are to assist Latin American adolescent and adult injecting drug users, their sexual partners, and their families in initiating and sustaining behaviors that will reduce the risk of becoming infected or re-infected with HIV; to help engage Latin American injecting drug users and their sexual partners in substance abuse treatment; to prevent HIV/AIDS, STDs, and hepatitis B and C among program participants and to prevent transmission and reinfection among those who are already infected; and to help engage Latin American drug users and their sexual partners in support services necessary to sustain their recovery and prevent infection or re-infection.

The first objective of the project is to identify and establish intensive outreach. The second objective is to provide HIV and risk reduction education. The third objective is to increase risk reduction behaviors, such as not sharing needles and using condoms correctly. The fourth objective is to engage participants in substance abuse treatment. The fifth objective is to significantly increase the usage of social, clinical, and primary health care services. The final objective is to significantly increase participants' knowledge of their serological status and its implications. (pages 6, 7, 8)

Target Population—The project's target participants for expanded substance abuse services are Latino IDUs in the city of Brockton. An enhancement for outreach will be Latino populations at highest risk, including adolescents 12 to 17 years of age and adults. Both males and females are targeted. Latin American immigrants and individuals of Latino ethnicity and cultural background, including those who prefer to speak Spanish or Portuguese, are included. (page 6)

Geographic Service Area. The area to be served is the city of Brockton, Massachusetts.

Drugs Addressed—The drug addressed is heroin, which was the drug of choice for 99 percent of Latino intravenous drug users in substance abuse treatment in 2001. (page 4)

Theoretical Model—The Promesa program is based on the Assertive Community Treatment model. It will also use the outreach and harm reduction activities in accordance with the NIDA Community Based Outreach Model. (pages 8, 9)

Type of Applicant—Non-profit (application page)

SERVICE PROVIDER STRUCTURE

Service Organizational Structure—The Latin American Health Institute is a non-profit substance abuse treatment program that serves Latinos in Boston, Chelsea, Cambridge, and Somerville. (application page; page 5)

Service Providers—The services will be provided by the Latin American Health Institute. LHI will coordinate participants' use of other services at collaborating agencies (unspecified). (page 6)

Services Provided—Expanded substance abuse treatment services for adolescents and targeted outreach and clinical case management will be provided. (page 6)

Service Setting—Latin American Health Institute is an outpatient substance abuse treatment facility. (page 6)

Number of Persons Served—The project proposes to provide outreach to 100 adults and 50 adolescents in the first year. In each subsequent year 200 adults and 100 adolescents will be served.

One hundred fifty participants will be provided with basic HIV and risk reduction education in the first year, with 300 per year for years 2 and 3.

Seventy-five participants will increase risk reduction behaviors during the first year, with 150 per year in subsequent years.

Fifty participants will be involved in substance abuse treatment in the first year, with 100 for subsequent years. It is not noted whether these numbers are unduplicated. (page 10)

Desired Project Outputs—The project wants to reduce the spread of substance abuse-related HIV/AIDS and infectious diseases in the Latin American community. (page 6)

Consumer Involvement—LHI has a Consumer Advisory Board and an annual picnic and recreational activities, as well as an annual Three Kings Day event for clients with children, an annual Altares event, which is a culturally relevant remembrance of those who have passed away, and other group cultural activities. (page 16)

EVALUATION

Strategy and Design—The project will gather data on three different levels: the individual level, the social level, and the organizational level. Data will be collected from multiple perspectives, such as program participants, outreach workers, case managers, substance abuse counselors; from multiple sources, such as assessment evaluations, GRPA interviews, and an evaluation questionnaire; and by multiple methods, including qualitative and quantitative, and time points (intake, 3-month follow-ups). (page 17)

Data analysis will include basic descriptive statistics, tables and graphs that describe the numbers and characteristics of persons who become program participants, service use, and program status at several points in time. (page 19)

No specific design is stated. The process evaluation will gather basic client intake data, along with service delivery units, retention, attendance, referrals, and participant outcomes. In addition, data will be collected specifically for evaluation from clients who agree to participate in this process. These data will include information gathered from a sample of participants with specific evaluation tools (e.g., baseline and follow-up questionnaires designed to assess the overall functionality and effectiveness of the program). This database will be implemented in SPSS.

The outreach component will be evaluated regarding its interaction with individuals who do not enter treatment by documenting outreach contacts using an outreach log, documenting all referrals, and documenting changes in HIV-related knowledge, attitudes, and behavioral intentions before and after the brief reduction intervention using a pre- and post-test.

Other process evaluation activities include monthly meetings among the evaluation associate, project director and program staff; quarterly written reports; and periodic staff and participant satisfaction surveys. (pages 17, 18)

The outcome evaluation will include analysis of access to and utilization of substance abuse treatment services, abstinence from substances of abuse, reduction in abuse or reduction or elimination of drug injection, self-reported medication adherence, housing, education and employment status, and referrals made to other LHI programs and outside providers. (page 18)

Evaluation Goals/Desired Results—For process evaluation the desired result is a feedback mechanism between evaluation and program that will allow modification, redesign, and improvement as necessary for program activities that relate to service delivery and service utilization (page 18). For outcome evaluation the project notes problems based on within-subject measures, namely, fundamental threats to validity from history and maturation. For this reason, the evaluation will serve principally to compare program outcomes with those of other programs and to establish baselines on which program goals and objectives for future years can be developed. (page 19)

Evaluation Questions and Variables—The implicit questions in the process evaluation are as follows: Is our program working? How can it be improved? The questions in the outcome evaluation are How do we compare to other programs? and Can we establish baselines for future projects? (page 19)

While considerable data will be collected and analyzed, the lack of clear questions or design other than descriptive statistics means that there are no independent or dependent variables.

Instruments and Data Management—The GPRA will be used. Evaluation interviews will be used. This will include psychological scales such as the CES-D and the Rosenberg Self-Esteem Scale, as well as demographics, education, employment, living situation, substance abuse history, family functioning and other natural supports, language preference, and acculturation scales.